

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585244

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1		1		
3	2			1		
4	(1)			1		
5	(1)			1		
6	(1)			1		
7	(1)			1		
8	(1)			1		
9	(1)			1		
10	(1)			1		
11	(1)			1		
12	(1)			1		
13	(1)			1		
14	(1)			1		
15	(1)			1		
16	1		1			
17		1		1		
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50						
TOTAL IND.			2			
TOTAL DEP.		18				
TOTAL CLAIMS		20				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS		20				